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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

20

Application Number

09/766,027

Filing Date

January 19, 2001

First Inventor

David Cornelius

Confirmation No.

7881

Group Art Unit

2661

Examiner Name

Robert W. Wilson

Attorney Docket No.

SHO006 US

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
(1 page in duplicate) | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to
Group |
| <input checked="" type="checkbox"/> Fee Attached CREDIT
CARD PYMT FORM(1 pg) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of
Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment (14 pages) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request
(1 page in duplicate) | <input type="checkbox"/> Power of Attorney; Revocation of
Previous Powers; And Statement
Under 37 CFR 3.73(b) | <input type="checkbox"/> Other Enclosure(s) (please identify
below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> This is a Response to Missing Parts/
Incomplete Application under 37 CFR
1.52 or 1.53 | Remarks: Assignee claims entitlement to small entity status. | |
| <input type="checkbox"/> Copy of Notice To File Missing
Parts (2 pages) | Please charge Deposit Account 50-2263 for any underpaid fee. | |
| | This is a general authorization for the above-identified application. | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm
or
Individual Name

Omkar K. Suryadevara (Reg. No. 36,320)
Silicon Valley Patent Group LLP
2350 Mission College Boulevard, Suite 360
Santa Clara, California 95054

Signature

Date

March 7, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the fax number 571-273-8300 on March 7, 2006.

Attorney for Applicant(s)

March 7, 2006
Date of Signature

MAR 08 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Complete if Known

Serial No.	09/766,027
Filing Date	January 19, 2001
First Inventor	David Cornelius
Examiner	Wilson
Art Unit	2661
Docket No.	SHO006 US

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 60

METHOD OF PAYMENT☐ Check ☒ Credit Card ☐ Other ☐ None☒ Deposit AccountDeposit
Account
Number

50-2263

Deposit
Account
Name

Silicon Valley Patent Group LLP

The Director is authorized to: (check all that apply)

- ☒ Credit any Overpayments
- ☒ Charge any additional fee(s)
or any underpayment of fee(s)
- ☐ Charges fee(s) indicated below

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 790	2001 395	Utility Filing Fee	
1002 350	2002 175	Design Filing Fee	
1003 550	2003 275	Plant Filing Fee	
1004 790	2004 395	Reissue Filing Fee	
1005 180	2005 80	Provisional Filing Fee	
SUBTOTAL (1)			(\$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
28	73** = 0	x 50	= 0
Independent Claims	4	8** = 0	x 200 = 0

Large Entity Fee	Small Entity Fee	Fee Description
Code (\$)	Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0

** or number previously paid if greater; For Reissues see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fees	Small Entity Fees	Fee Description	Fees Paid
Code (\$)	Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1251 120	2251 60	Extension for reply within one month	60
1252 450	2252 225	Extension for reply within second month	
1253 1020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1000	2403 500	Request for oral hearing	
1451 1,510	1451 1,510	Petition for a public use proceeding	
1452 500	2452 250	Petition to revive - unavoidable	
1453 1,500	2453 750	Petition to revive - unintentional	
1501 1,400	2501 700	Utility issue fee (or reissue)	
1502 130	2502 65	Design issue fee	
1503 160	2503 80	Plant issue fee	
1480 130	1480 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee for provisional applications	
1808 180	1808 180	Submission of Information Disclosure Statement	
8021 40	8021 40	Recording each patent assignment per properties (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other Fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 60

Submitted By

Name (Print/Type)	Omkar K. Suryadevara	Registration No. (Attorney/Agent)	36,320	Telephone	(408) 982-8203
Signature	<i>S. Omkar</i>	Date	March 7, 2006		